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Navy and Marine Corps Medical News (MEDNEWS) is a weekly compendium of news and information contributed by commands throughout the Navy medical department. Information contained in MEDNEWS stories is not necessarily endorsed by Navy Bureau of Medicine and Surgery (BUMED), nor should it be considered official Navy policy.

The BUMED distributes MEDNEWS to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families. Further distribution is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Stories:

Headline: FMF Warfare Specialist Program approved
From the Bureau of Medicine and Surgery

WASHINGTON - The Navy Enlisted Fleet Marine Force (FMF) Warfare Specialist Program was approved by the Chief of Naval Operations July 14. Over 9,100 Sailors are eligible for this new designation.

According to Medical Force Master Chief HMC Mark R. Weldon (SW), Sailors serving with the Marine Corps face unique personal and professional challenges. To excel in this endeavor is an accomplishment that will now be recognized on a level

with other Navy warfare communities. The Navy Enlisted Fleet Marine Force Warfare Specialist insignia will be an outward recognition of this important and unique duty, he added.

"While assigned to the Fleet Marine Force, Sailors not only master the art and science of a demanding style of warfare, but also learn the skills of an entirely separate branch of the armed forces," Weldon said. "Whether one is assigned to a Marine Division, a Force Service Support Group, or a Marine Air Wing, Navy personnel must know how Marines fight, the weapons they use, and the techniques used to employ them effectively against harsh resistance."

In order to be eligible for the program, Sailors must be permanently assigned to and serve a minimum of 12 months accumulated with an FMF unit on Type 2 or 4 sea duty. Commanding officers of personnel on 12 month unaccompanied Type 4 sea duty may waive up to 30 days of the time eligibility. Augmented personnel mobilized to an FMF unit in direct support of the units' primary missions are eligible provided they are deployed for a minimum of 90 consecutive days. Sailors must also satisfactorily complete the Physical Fitness Assessment.

Enlisted Selected Reservists must serve a minimum of 24 months in a Naval Reserve FMF Unit with satisfactory drill attendance. Additionally, they must complete two periods of Marine Corps Unit Annual Training or an equivalent Active Duty Special Work.

Candidates for the program must demonstrate effective leadership and directing ability, and have received at least a "promotable" recommendation during their most recent reporting period. They must complete the PQS standard for initial qualification as well as display general knowledge of the commands' overall organization, mission, assets, employment, combat systems, and USMC battle skills techniques, and basic equipment through a written exam, hands on demonstration of knowledge, and an oral examination.

Those wearing the Fleet Marine Force Ribbon are still entitled to wear it, but must complete the PQS and other qualifications to be entitled to wear the new insignia.

Amplifying information, copies of the OPNAV instruction and PQS sheets will be available in the near future.

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Headline: Pain management clinic offers alternatives to surgery

By JO2 Luke Johnson, NMC Portsmouth

PORTSMOUTH, Va. - The Naval Medical Center Portsmouth, Pain Management Clinic is the facility that many people who suffer chronic pain turn to for

help. The clinic specializes in services that try to help relieve the pain without an invasive procedure.

This clinic offers the first line of defense for those who do not want surgery or a last stand for those that have gone through surgery already.

With an average of about 30 patients a day, the staff attacks the chronic pain from herniated disc, failed back surgery syndrome and cancer.

"The clinic takes a multi-disciplinary approach to treating patients," said Cmdr. Walter Kidwell, head of the Pain Management Clinic. This approach combines different elements of care.

"First we want to try and eliminate or help relieve the pain of the patient," said Kidwell. "We will inject local anesthetics, muscle relaxants or steroids for diagnostic and therapeutic purposes or use medications such as anti-inflammatories. Narcotics are also used in certain cases."

For chronic back pain sufferers, there is another method of pain relief available.

"What we do is implant small medical devices in the body," Kidwell said. "These devices deliver small amounts of medication to the spinal area that helps ease the pain." This procedure is designed to help the patient tolerate the pain so they can lead as much of a normal life as possible.

A large part of combating the pain is the patient's mental state. "The stronger the mind of the patient, the more likely they are to be able to cope with the pain. In fact, depression can make the pain worse," Kidwell said. In order to combat the dangers associated with depression, the clinic offers services that can help strengthen the mind.

"Alternative therapy such as hypnosis, yoga, meditation and relaxation tapes are used to help patients who seek this form of therapy. A lot of people from different backgrounds have different beliefs and ideas as to what is best for them," said Kidwell.

"We are one of the largest facilities around, and people like the treatment options and professionalism we provide. That's our goal, to make their lives as pain free as possible," said HM3 Amy Gorman, a staff member at the clinic.

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Headline: Bethesda docs provide sight in Yemen
By JO1 (SW) F. R. Keely, NNMC Bethesda

Around the world today, thousands of land mines wait in silent ambush. Although news of land mines no longer makes the daily headlines, the international efforts to clear the mine fields and provide aid to the victims continues.

Yemen is all too familiar with the crippling

effects of landmines. As a result of a civil war that took place years ago, landmines have taken the eyesight and disfigured many civilians.

At the request of Uniformed Services University for Health Sciences, Capt. Steven Kerrick, MC, and Cmdr. Matthew Nutaitis, MC, along with three corpsmen from National Naval Medical Center Bethesda responded to the urgent need for eye surgeons to train and teach the doctors of Yemen.

"Our mission was to help land mine victims, and we saw a lot of them. The people flooded in when the word got out that American doctors were there to help the vision impaired," said HM3 Mathew Legas. "They waited patiently for hours."

The team saw 118 patients and completed 26 operations.

"It was a busy two weeks with both lectures and surgeries which stretched the local staff to work far more hours each day than their normal work schedule typically included," Nutaitis said. "There were so many patients we were just unable to see."

Plans are underway to return again for another training visit, taking more supplies and ophthalmology equipment to help modernize eye care in Yemen.

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Headline: Operational fleet can learn medical regulating

From the Bureau of Medicine and Surgery

WASHINGTON - Using the peacetime dividend to train and educate Sailors about fleet operations is a vital part of fulfilling the mission of Navy Medicine.

One such opportunity for training exists with the Bureau of Medicine and Surgery (BUMED) Medical Regulatory Course.

The course is offered primarily to those attached to operational billets or who are expected to augment such billets with the Marines or shipboard as part of embarked staff or ship's company.

One of the most popular exercises of the course involves a three-hour Crisis Action Planning scenario in which students medically plan for a non-combatant evacuation operation involving 500 American citizens trapped in a hostile city.

"Students use what they learn about evacuation planning, lift assets, interaction with other services and dealing with key line and staff officers of the amphibious squadron, ship's company and marine expeditionary unit to provide a plan for medically treating combatant and non-combatant casualties," said course instructor Lt. Yousef Aboul-Enein.

"Many of us from Naval Hospital Jacksonville are

augmenting the USS NASSAU (LHA-4) and require this course," said Lt. Cmdr. Patricia Rose, MSC.

To bring this course to your command contact Lt. Tom Phillips, MSC at the Bureau of Medicine and Surgery, 202-762-3803/3807 DSN 762.

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Headline: GW Corpsmen put "Honor" on display
By JO3 Paul Newell, USS GEORGE WASHINGTON

Aboard USS GEORGE WASHINGTON (CVN 73) - Jack Williams, Francis J. Pierce, William R. Charette and Robert Stanley are probably unfamiliar to most Sailors in the Navy. But for those with whom they served, these men and the remarkable sacrifices they made will live forever in memory. They are four of the 17 hospital corpsmen whose pictures and Medal of Honor citations hang on the bulkheads of USS GEORGE WASHINGTON'S medical ward.

A few of these corpsmen actually lived to receive America's highest military honor. Most did not. Sailors who stop by the ward to view the 17 accounts of gallantry will realize how incredible, almost surreal, each narrative is. Corpsmen aboard the USS GEORGE WASHINGTON say they want other Sailors to understand that the corpsmen who came before them did more than take temperatures and hand out aspirin.

"A lot of people think we have an easy job," said HM1(AW) Richard D.B. Joyner. "But the men whose pictures hang on these bulkheads prove that we do what we are trained to do."

The valor and dedication described on the bulkhead represents the honor, courage and commitment dating back to the 19th century, through both world wars to today.

"Many naval medical facilities and other ships in the Navy have these same plaques hanging in their spaces," Joyner said. "We wanted to do the same and honor their contributions."

During a dedication ceremony held in the main medical ward passageway, the "Medal of Honor Hall" came to life as the plaques were permanently secured to the bulkheads.

It is on those bulkheads where patients or passers by can learn why hospital corpsmen are so proud of their heritage.

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Headline: TRICARE question and answer

Question: What is the function of the nurse advisor?

Answer: Nurse advisors are available in most regions, by phone, to provide advice and assistance that will enhance patient decision making about their health care. They are available 24 hours a day, 7

days a week, and can discuss treatment alternatives, symptoms, and illness prevention or can advise whether a situation warrants immediate medical attention. Any TRICARE-eligible person can use the service of the nurse advisor.

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Headline: Anthrax question and answer

Question: Can the anthrax vaccine be taken by military members who are pregnant? What about men who get vaccinated? Should they delay child-bearing?

Answer: Anthrax vaccine should not be given to women who are pregnant or who think they may be pregnant. Vaccinations are routinely deferred until after then pregnancy, unless immunity is needed during pregnancy. Tetanus, meningococcal, hepatitis B, and influenza vaccines, for example, are specifically recommended for susceptible women during their pregnancy. As with other vaccines in the U.S., specific studies on possible reproductive side effects from use of anthrax vaccine have not been performed. However, there has been no evidence of infertility, miscarriages, or other reproductive problems with the use of inactivated vaccines.

Because the anthrax vaccine is a sterile, cell-free (filtered) bacterial vaccine, it is non-infectious and is not expected to cause any harm to the fetus. If the anthrax vaccine is inadvertently given to a pregnant woman, no adverse pregnancy outcome or fetal harm is expected. If a pregnant woman is known to have been exposed to anthrax, she will be given the vaccine as a potential life-saving measure.

Women who believe that they may be pregnant should inform their health-care provider before vaccination. Once pregnancy is confirmed, anthrax vaccinations will be deferred until the woman is no longer pregnant. Once a woman is no longer pregnant, deferred anthrax vaccination will resume. A woman can safely become pregnant any time after vaccination that she wishes.

Reference: Advisory Committee on Immunization Practices. General recommendations on immunization. Morbidity & Mortality Weekly Report (MMWR) 1994; volume 43 (No. RR-1): pages 20-21;
<http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/00025027.htm>

For all the same reasons mentioned above, there is no reason for a man to delay fathering a child after vaccination. A man can safely father a child any time after vaccination that he wishes.

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Headline: Healthwatch: Skin Cancer - protection

through early detection

From USNH Yokosuka Public Affairs

YOKOSUKA, Japan - Skin cancer is the most common form of cancer in the United States, with more than one million new cases diagnosed in the last year. Malignant melanoma is the most common cancer killer among adults between the ages of 20 and 30.

Fortunately, most skin cancers, including melanoma, can be cured if detected early. It is recommended that you examine your skin regularly. Examine your entire body, including your back, your scalp, the soles of your feet, between your toes, and the palms of your hands.

Certain individuals are at even higher risk than others. While malignant melanoma can strike anyone, people of light complexions are at a far greater risk than those with darker complexions. Other high risk factors that contribute to the development of malignant melanoma include fair skin, blonde or red hair, blue eyes, large or numerous moles, family history of melanoma, and excessive sun exposure in the first 10-15 years of life.

If you see an unusual skin growth or strange mole, call your Primary Care Manager for an appointment. If necessary, your health care provider will then refer you to a specialist.

Protect your skin with sunscreen (SPF-15 or higher), by staying out of the sun during peak hours of the day, and by wearing loose and light-colored clothing and a protective hat.

Early detection offers the best prevention and protection from skin cancer.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact the MEDNEWS editor, at email: mednews@us.med.navy.mil; telephone 202-762-3218, (DSN) 762, or fax 202-762-3224.

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